

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** WAUTOMA HOUSE (THE) (0010450)

**Address:** 402 E DIVISION ST, WAUTOMA, WI 54982

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/28/2004

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0096899      **End Date:** 04/19/2006      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007296    Served 05/12/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD		
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS		

**Survey ID:** 0095503      **End Date:** 09/08/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091922      **End Date:** 01/28/2004      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date:** 05/11/2006      **SOD #**10007296      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.13(4)(a)

FORFEITURE---83.18(1)(d(2)

FORFEITURE---83.32(2)(a)5

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 03/01/2006**

**Date Investigation Completed: 04/19/2006**

Subject Area(s)

RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

05/11/06

**Date Complaint Received: 02/15/2006**

**Date Investigation Completed: 04/19/2006**

Subject Area(s)

ABUSE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

05/11/06

**Date Complaint Received: 08/25/2005**

**Date Investigation Completed: 09/08/2005**

Subject Area(s)

RESIDENT RIGHTS  
ABUSE  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*